



EMPLOYER CERTIFICATION OF CREDITABLE SERVICE AND AUTHORIZED LEAVE

State Form 3422 (R11 / 10-08)

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code; disclosure is mandatory and this form will not be processed without it.

Name of employee (last, first, middle initial)	Social Security Number *
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PART 1 - ACTIVE SERVICE & PAID LEAVE

List current or most recent employment first. If the PERF-covered employment was continuous, complete only the first line below. However, if the employee terminated employment and was rehired in a PERF-covered position, you should list each different period of covered employment. You should also include all periods of paid authorized leave here.

Title of PERF-covered Position Use a separate line for each position.	Beginning Date of Employment (month, day, year)	Last Day in Pay Status (month, day, year)

PART 2 - AUTHORIZED UNPAID LEAVE

List all periods of authorized unpaid leave. This would include (but is not limited to) maternity leave, FMLA leave, military leave, and employer provided disability leave / programs.

Type of Authorized Unpaid Leave Use a separate line for each leave.	Beginning Date of Leave (month, day, year)	Ending Date of Leave (month, day, year)

CERTIFICATION

The position(s) identified and certified above are PERF-covered position(s) in accordance with the agreement(s) between PERF and the governing body of the employer. I certify that the above dates are true and accurate to the best of my knowledge and that I am the individual formally authorized to accept any pension liability for and on behalf of the governing body of this employer. I understand that the verification of the above referenced periods of service and authorized leave create a pension liability for this employer.

Any error in this certification of service can only be corrected prior to the employee's effective date of retirement.

Signature of authorized individual	Date (month, day, year)
Printed name of authorized individual	Title of authorized individual
Name of employer	Account number of employer